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Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/436,060
	Filing Date	November 8, 1999
	First Named Inventor	James T. Kealey
	Group Art Unit	1635
	Examiner Name	M. Shibuya
Total Number of Pages in This Submission	Attorney Docket Number	014/002C

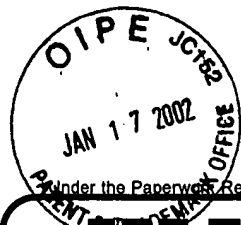
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Petition for Revival of an Application for Patent Abandoned Unintentionally; Statement Under 37 CFR 3.73(b); Sequence Listing (paper copy); copy of claims as presently pending; Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

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OFFICE OF PETITIONS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David J. Earp, J.D., Ph.D.
Signature	<i>DJ Earp</i>
Date	November 13, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Box DAC, Commissioner for Patents, Washington, DC 20231 On this date: November 13, 2001	
Typed or printed name	Martha N. Griffin
Signature	<i>Martha N. Griffin</i>
Date	November 13, 2001

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PTO/SB/17 (11-01)
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 640.00

Compleat if Known

Application Number	09/436,060
Filing Date	November 8, 1999
First Named Inventor	James T. Kealey
Examiner Name	M. Shibuya
Group Art Unit	1635
Attorney Docket No.	014/002C

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

07/1139

Geron Corporation

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims -20** = X =
Independent Claims -3** = X =
Multiple Dependent =

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
105 130	205 65			Surcharge - late filing fee or oath
127 50	227 25			Surcharge - late provisional filing fee or cover sheet
139 130	139 130			Non-English specification
147 2,520	147 2,520			For filing a request for <i>ex parte</i> reexamination
112 920*	112 920*			Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*			Requesting publication of SIR after Examiner action
115 110	215 55			Extension for reply within first month
116 400	216 200			Extension for reply within second month
117 920	217 460			Extension for reply within third month
118 1,440	218 720			Extension for reply within fourth month
128 1,960	228 980			Extension for reply within fifth month
119 320	219 160			Notice of Appeal
120 320	220 160			Filing a brief in support of an appeal
121 280	221 140			Request for oral hearing
138 1,510	138 1,510			Petition to institute a public use proceeding
140 110	240 55			Petition to revive - unavoidable
141 1,280	241 640			Petition to revive - unintentional
142 1,280	242 640			Utility issue fee (or reissue)
143 460	243 230			Design issue fee
144 620	244 310			Plant issue fee
122 130	122 130			Petitions to the Commissioner
123 50	123 50			Processing fee under 37 CFR 1.17(q)
126 180	126 180			Submission of Information Disclosure Stmt
581 40	581 40			Recording each patent assignment per property (times number of properties)
146 740	246 370			Filing a submission after final rejection (37 CFR § 1.129(a))
149 740	249 370			For each additional invention to be examined (37 CFR § 1.129(b))
179 740	279 370			Request for Continued Examination (RCE)
169 900	169 900			Request for expedited examination of a design application

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 640.00

SUBMITTED BY

Name (Print/Type) David J. Earp, J.D., Ph.D.

Registration No.
(Attorney/Agent)

41401

Complete (if applicable)

Telephone (650) 473-7721

Signature

Date November 13, 2001

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